

EXHIBIT A

First Roswell Company, Ltd.
P.O. Box 1797
Roswell, NM 88202

Thomas E. Jennings
P.O. Box 1797
Roswell, NM 88202-1797

Timothy Z. Jennings
P.O. Box 1797
Roswell, NM 88202-1797

James T. Jennings
P.O. Box 1180
Roswell, NM 88202-1180

Don S. Hugus, Jr., et ux.
P.O. Box 13728
Jackson, MS 39236

The Blanco Company
P.O. Box 1150
Roswell, NM 88202-1150

Schultz Abstract Company
P.O. Box 973
Santa Fe, NM 87504

Philip L. White
P.O. Box 1885
Santa Fe, NM 87504-1885

Bureau of Land Management
Attn: Armando Lopez
2909 West Second St.
Roswell, NM 88201

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
TANYA M. TRUJILLO

JACK M. CAMPBELL
1916-1999

August 17, 2000

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: All owners of interest in the commingled production

Re: Application of EOG Resources, Inc. for surface commingling and off-lease storage and measurement, Lea County, New Mexico.

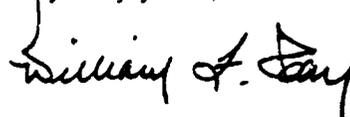
Gentlemen:

This letter is to advise you that EOG Resources, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking authority for surface commingling and off-lease storage and measurement of hydrocarbons produced from wells identified in the application which produce from the Delaware formation, Triste Draw-Delaware Pool and the Bone Spring formation, Triste Draw-Bone Spring Pool. These wells are located in Section 34, Township 23 South, Range 32 East and in Section 3, Township 24 South, Range 32 East, NMPM, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner on September 7, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
Attorney for EOG Resources, Inc.

WFC/md

Enclosures

cc: Larry Cunningham
EOG Resources, Inc.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

7099 3220 0005 9420 0233

Postage	\$ 1.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

WFC 30
 POST OFFICE EXPRESS SALT
 AUG 1

SENDE
 COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.
 PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.
 ATTACH THIS CARD TO THE BACK OF THE MAILPIECE, OR ON THE FRONT IF SPACE PERMITS.

SECTION ON DELIVERY
 RECEIVED BY (PLEASE PRINT CLEARLY) B. Date of Delivery

C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Name: Bureau of Land Management
 Street: Attn: Armando Lopez
 2909 West Second St.
 City: Roswell, NM 88201

Bureau of Land Management
 Attn: Armando Lopez
 2909 West Second St.
 Roswell, NM 88201

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 0233**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

7099 3220 0005 9420 0226

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

POST OFFICE EXPRESS
 AUG 1

SEN
 COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.
 PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.
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 RECEIVED BY (PLEASE PRINT CLEARLY) B. Date of Delivery

C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Name: First Roswell Company, Ltd.
 Street: P.O. Box 1797
 City: Roswell, NM 88202

First Roswell Company, Ltd.
 P.O. Box 1797
 Roswell, NM 88202

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 0226**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

7099 3220 0005 9420 0240

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

POST OFFICE EXPRESS
 AUG 1

SENDE
 COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.
 PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.
 ATTACH THIS CARD TO THE BACK OF THE MAILPIECE, OR ON THE FRONT IF SPACE PERMITS.

SECTION ON DELIVERY
 RECEIVED BY (PLEASE PRINT CLEARLY) B. Date of Delivery

C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Name: Thomas E. Jennings
 Street: P.O. Box 1797
 City: Roswell, NM 88202

Thomas E. Jennings
 P.O. Box 1797
 Roswell, NM 88202-1797

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 0240**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

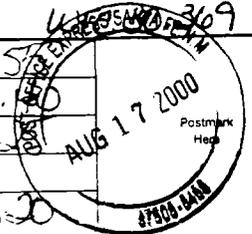
7099 3220 0005 9420 0219

Article Sent To:

Postage	\$ 1.50
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Philip L. White
 P.O. Box 1885
 Santa Fe, NM 87504-1885

or Instructions



mail returned - not delivered

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0005 9420 0295

Article Sent To:

Postage	\$ 1.50
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.90

Schultz Abstract Company
 P.O. Box 973
 Santa Fe, NM 87504



SEND

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Schultz Abstract Company
 P.O. Box 973
 Santa Fe, NM 87504

2. Article Number (Copy from service label)
 7099 3220 0005 9420 0295

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:
 Schultz Co
 AUG 21 2000

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

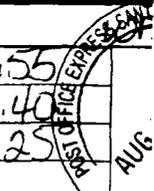
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0005 9420 0257

Article Sent To:

Postage	\$ 1.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Timothy Z. Jennings
 P.O. Box 1797
 Roswell, NM 88202-1797



SEND

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Timothy Z. Jennings
 P.O. Box 1797
 Roswell, NM 88202-1797

2. Article Number (Copy from service label)
 7099 3220 0005 9420 0257

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 8-19-00

C. Signature
 X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7099 3220 0005 9420 0264

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.35
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Postmark Here: **AUG 17**

SEN ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 James T. Jennings
 P.O. Box 1180
 Roswell, NM 88202-1180

SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **8-19-00**

C. Signature **X [Signature]** Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 0264**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 0271

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.35
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Postmark Here: **AUG 17 2000**

SEN ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Don S. Hugus, Jr., et ux.
 P.O. Box 13728
 Jackson, MS 39236

SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) _____

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 0288

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.35
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Postmark Here: **AUG 17 2000**

SEN ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 The Blanco Company
 P.O. Box 1150
 Roswell, NM 88202-1150

SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **8-25-00**

C. Signature **X [Signature]** Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 0288**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NM MEXICO 87504-2208

1ST NOTICE
1ST NOTICE

1ST NOTICE

REASON CHECKED

Attempted Not Known
No Such Number
Insufficient Address
Fwd. Order Exp.
Refused
No Such Street
Santa Fe, NM 87501-9998

2099 3220 0005 9420 0219



Philip L. White
P.O. Box 1885
Santa Fe, NM 87504-1885

1ST NOTICE 8-19